

APPROVED FOR
RELEASE DATE:
10-Nov-2008

FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

2810-110

(b)(6)
(b)(3)

NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT

Part A.—IDENTIFYING DATA

1. NAME (LAST) (FIRST) (MIDDLE INITIAL) Garanci, John C.	2. DATE OF BIRTH 2-7-22	3. CARRIER CONTROL NO. 078546
4. ADDRESS (INCLUDING ZIP CODE) 64 Eddy Street Providence, Rhode Island 02903	5. PAYROLL OFFICE NO. [REDACTED]	6. ENROLLMENT CODE NO. 122
7. DATE THIS ACTION BECOMES EFFECTIVE 31 March 1970		

ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW ANY PERTINENT INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CONVERSION.

Part B.—TERMINATION

- ☐ YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM 7, ABOVE.
- IMPORTANT NOTICE.—You have the right to convert to an individual contract with the carrier of your plan. See Part B.—Termination on the back of this form for information about your extension of coverage and conversion. If you want to convert, fill in the box on the back of this form and send it to your plan within the time limit specified.

Part C.—CHANGE IN PLAN

- ☐ YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN.

Part D.—TRANSFER OUT

YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM):

Retirement & Disability System
Washington, D. C.

(SEE PART D ON THE BACK OF THIS FORM FOR MORE INFORMATION)

Part E.—TRANSFER IN

YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART K BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT. ☐

Part F.—SUSPENSION

- ☐ YOUR ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE.

Part G.—REINSTATEMENT

YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE. ☐

Part H.—CHANGE IN NAME OF ENROLLEE

THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO:

NAME	DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS (INCLUDING ZIP CODE) IF DIFFERENT FROM PART A, ITEM 4, ABOVE		

Part I.—CHANGE IN ENROLLMENT — SURVIVOR ANNUITANT

YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. YOUR PLAN WILL SEND YOU A NEW IDENTIFICATION CARD. ☐

YOUR NEW ENROLLMENT
CODE NUMBER

[REDACTED]

(NOTE: THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY)

Part J.—REMARKS

[REDACTED]

Part K.—DATE OF NOTICE

[REDACTED]	5-21-70 DATE
HEALTH BENEFITS OFFICER (ALTERNATE) NAME OF AGENCY	Central Intelligence Agency Washington, D.C. 20505

Original —To Enrollee